

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT'S

10/550677

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51							
2			1				52							
3			1				53							
4							54							
5			1				55							
6			5				56							
7			5				57							
8			5				58							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL PCT.	2						TOTAL PCT.							
TOTAL SIZE	23	↓					TOTAL SIZE							
TOTAL CLAIMS	25	←					TOTAL CLAIMS							

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